

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE:		
							APPLICANT'S	09/284436		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51	/		
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57	/		
8	/						58	3		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
13	/						63	/		
14	/						64	/		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	/						68	/		
19	/						69	/		
20	/						70	/		
21	/						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	/						75	/		
26	/						76	/		
27	/						77	/		
28	/						78	/		
29	/						79	/		
30	/						80	/		
31	/						81	/		
32	/						82	/		
33	/						83	/		
34	/						84	/		
35	/						85	/		
36	/						86	/		
37	/						87	/		
38	/						88	/		
39	/						89	/		
40	/						90	/		
41	/						91	/		
42	/						92	/		
43	/						93	/		
44	/						94	/		
45	/						95	/		
46	/						96	/		
47	/						97	/		
48	/						98	/		
49	/						99	/		
50	/						100	/		
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

Page 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	09/284436			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/						51			
102	/						52			
103	/						53			
104	/						54			
105	/						55			
106	/						56			
107	/						57			
108			/	*			58			
109			/				59			
110			/				60			
111			/				61			
112			/				62			
113			/				63			
114			/				64			
115			/				65			
116			/				66			
117			/				67			
118			/				68			
119			/				69			
120			/				70			
121			/				71			
122			/				72			
123			/				73			
124			/				74			
125			/				75			
126			/				76			
127			/				77			
128			/				78			
129			/				79			
130			/				80			
131			/				81			
132			/				82			
133			/				83			
134			/				84			
135			/				85			
136			/				86			
137			/				87			
138			/				88			
139			/				89			
140			/				90			
141			/				91			
142			/				92			
143			/				93			
144			/				94			
145			/				95			
146			/				96			
147			/				97			
148			/				98			
149			/				99			
150			/				100			
TOTAL IND.	181		3				TOTAL IND.			
TOTAL DEP.	89	→	19	→	→		TOTAL DEP.	→	→	→
TOTAL CLAIMS	107		22				TOTAL CLAIMS			